SUPPORTING WET NURSING
DURING EMERGENCIES

A guide for **frontline workers** working in emergency preparedness and response

It is crucial to safeguard the health, development and survival of infants and young children in emergencies. If an infant cannot be fully breastfed by his/her mother, wet nursing is a feeding alternative that should be quickly explored.

What is wet nursing?

Breastfeeding of a child by someone other than the child's mother.

Informed consent is crucial in securing a wet nurse

The importance of breastfeeding during emergencies

It is essential to protect, promote and support breastfeeding, particularly in emergencies. All forms of breastmilk feeding are safer than breastmilk substitutes. In almost all circumstances, wet nursing is safer and more beneficial than breastmilk substitutes.

Technical and operational guidance for increasing access to breastmilk through wet nursing in emergency settings

Cultural context and acceptability

Wet nursing is a traditional practice in many parts of the world.
Consider the cultural context in which you are working.
Community sensitisation and education of wet nursing should be ongoing.

Language and terminology When discussing wet nursing, neutral and local terms which imply mutual consent and dignity are preferred. If no suitable local terms exist, descriptive language can be used instead. Consult the community to check which terminology is understood and accepted.

Islamic milk kinship is not a barrier to wet nursing. Wet nursing has a long tradition in Islam. There is an understanding that wet nursing creates permanent family bonds between wet nurses, their families, and the wet nursed infants. This must be taken into consideration in Islamic contexts.

Key principles of identifying and engaging a wet nurse

- Voluntary and consensual participation
- Cultural sensitivity
- Confidentiality and privacy
- Shared decision making

Step-by-step guide to establishing wet nursing in emergencies

Step 1: Which infants might benefit from wet nursing?

- Motherless infants, infants separated from their mothers, infants whose mothers are acutely ill and/or unable to breastfeed, infants whose mothers are in the process of relactation.
- Prioritise wet nurses for the youngest infants first.
- Is the infant being fully breastfed? If not, consult the infant's parents/primary caregiver and their family to identify ways to increase milk supply and if wet nursing and/or relactation are acceptable options.
- Assess the need for referral to IYCF support services (for breastfeeding, relactation and/or wet nursing support).

Operational Guidance: Breastfeeding Counselling in Emergencies

Procurement and use of breastmilk substitutes in humanitarian settings

Step 2: How to identify a potential wet nurse?

Who can be a wet nurse?

- The most convenient wet nurse is any woman who is currently breastfeeding, but this is not essential.
- A female relative or friend might be preferred.

Wet nurses should be:

1. Able to breastfeed another infant without detrimental consequences to herself or her child(ren), provided they are adequately supported.
2. In good overall mental and physical health, with adequate nutrition.
3. Willing and motivated to breastfeed someone else's infant.
4. Trusted and accepted by the infant's caregivers/family.
5. Within the infant's household or living nearby.
6. Supported by her family to breastfeed someone else's infant.

Reminder! Consider risk of infectious disease transmission.

Infographic: Infant feeding during infectious disease outbreaks

When screening a potential wet nurse, consider factors that affect her physical health, mental health and nutrition.

For more detailed guidance on these factors, see ***the Technical and Operational Guidance on Supporting Access to Breastmilk Through Wet Nursing in Emergencies, and the Wet Nursing screening tool.***

Wet Nursing screening tool

Technical and operational guidance for increasing access to breastmilk through wet nursing in emergency settings

Reminder! A short-term wet nurse is an option until a long-term feeding option can be arranged (e.g. mother's relactation, long term wet nurse, or other sustainable feeding option).

Reminder! Remember, how will the infant be fed today?

Step 3: What to do once a wet nurse has been identified and confirmed?

Reach agreement on the practical aspects of wet nursing with the infant's parents/primary caregiver and wet nurse. Consider:

- How often will the infant be fed by the wet nurse?
- Where will the infant be breastfed?
- Where and how will night feeds be managed?
- See the ***Technical and Operational Guidance on Supporting Access to Breastmilk Through Wet Nursing in Emergencies*** for more guidance on key topics to discuss during the agreement process.

N.B. In the case of orphaned infants there may be additional considerations for care beyond breastfeeding.

Provide support and counselling:

- For the mother to increase milk supply/relactate, if feasible.
- For the wet nurse to support breastfeeding the infant.
- For the mother and/or wet nurse on the benefits of breastfeeding for their physical and emotional health.

Women often think that stress and poor nutrition limits their ability to breastfeed. Reassure women that they can still produce breastmilk even if they are stressed and malnourished. Help facilitate the let-down reflex by helping with stress relief. Provide necessary support (both psychosocial and nutrition) as soon as possible.

Refer to and link with support services and sectors e.g. further IYCF-E support, Water, Sanitation and Hygiene (WASH), Mental Health and Psychosocial Support (MHPSS), Food assistance, Protection, etc.

Continue to raise awareness on wet nursing through community sensitisation, education and counselling.

Provide ongoing support, monitoring and follow-up, including addressing fears/concerns, adjusting the wet nursing arrangement as needed, etc.

*For more detailed guidance on establishing a wet nursing agreement and the above elements, please see the ***Technical and Operational Guidance on Supporting Access to Breastmilk Through Wet Nursing in Emergencies***.

Technical and operational guidance for increasing access to breastmilk through wet nursing in emergency settings

Step 4: How to support the end of a wet nursing agreement

- Assess readiness and circumstances for the infant, wet nurse and mother/caregiver.
- Plan a gradual transition to appropriate alternative feeding options.
- Provide follow-up and ongoing emotional support and counselling.
- Ensure that contact details have been exchanged with the wet nurse so any future issues can be addressed.
- In contexts where Islamic milk kinship is relevant, ensure the relationship established through wet nursing is appropriately documented.

*For more detailed guidance on ending a wet nursing agreement and the above elements, please see the ***Technical and Operational Guidance on Supporting Access to Breastmilk Through Wet Nursing in Emergencies***.

Technical and operational guidance for increasing access to breastmilk through wet nursing in emergency settings

Alternatives to wet nursing

Feeding options To be explored in the following order of priority	Age of child		
	<6 months	6-11 months	12-23 months
1 **Donor human milk**	✓	✓	✓
2 **An appropriate breastmilk substitute:**			
Infant formula milk* (Ready to Use or Powdered Infant Formula)	✓	✓	●
Whole cream pasteurised animal milk	●	✓	✓

*Follow-on/toddler formula is not recommended. **N.B.** Avoid bottles and teats, instead use a spoon or cup for feeding.

Infographic: Supporting infants dependent on artificial feeding during emergencies

Additional considerations

HIV: Breastfeeding mothers living with HIV should be supported to breastfeed as per WHO breastfeeding guidelines, while being fully supported for adherence to Antiretroviral therapy. The known risks associated with withholding the protection from breastfeeding must be given greater weight in a risk/benefit calculation than the potential and unknown risk of the infant contracting HIV. For more information on HIV risk assessment, see the:

HIV and Infant Feeding in Emergencies Operational Guidance

Wet Nursing screening tool

Part of the **Infant Feeding in Emergencies Core Group** infographic series.
Find out more at **www.ennonline.net/ife**

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